| Fill in this information to identify the | case: | CLERK DS BANKROPTCY COURT | | | |
|---|--|--|--|--|--|
| United States Bankruptcy Court for the | : | DETRICT OF OREGON | | | |
| District of | | 2024 July 5 AM 10: 14 | | | |
| Case number (If known): | tate) 1875 Chapter | 1.00680 REC'D Check if this is an paintended filing | | | |
| | | , , , , , , , , , , , , , , , , , , , | | | |
| Official Form 201 | | | | | |
| Voluntary Petition | n for Non-Individuals Filing | g for Bankruptcy 06/24 | | | |
| | arate sheet to this form. On the top of any additional pa tion, a separate document, <i>Instructions for Bankruptcy</i> | | | | |
| | | | | | |
| 1. Debtor's name | - DYCK. O'Weat a - Alina Investment LL | | | | |
| | - Alina Investment LL | .C | | | |
| 2. All other names debtor used in the last 8 years | | | | | |
| Include any assumed names, trade names, and doing business as names | | | | | |
| 3. Debtor's federal Employer Identification Number (EIN) | 74-3165786 | | | | |
| 4. Debtor's address | Principal place of business | Mailing address, if different from principal place of business | | | |
| | 11806 SE AFRIC Cresceni Rd | OI Dusiness | | | |
| | Number Street | Number Street | | | |
| | | P.O. Box | | | |
| | City Code VAIII OR 97086 | PORTLAND OR 97213 State ZIP Code | | | |
| | • | Location of principal assets, if different from | | | |
| | Clarkamas | principal place of business 11806 & AFRIC CRESCOTT N | | | |
| | County | Number Street | | | |
| | | 14 any 1/2/21 20 07000 | | | |
| | | City VITUCY OF 77086 | | | |
| 5 Dobtor's wobsite (UDI.) | | 971 - 570 -8311 | | | |

5. Debtor's website (URL)

| Maria and all the second second second | ype of debtor | Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) | | | |
|--|---|--|--|--|--|
| 7. De | | Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: | | | |
| | escribe debtor's business | | | | |
| Ba | nder which chapter of the ankruptcy Code is the ebtor filing? | | | | |
| file | ere prior bankruptcy cases ed by or against the debtor thin the last 8 years? | □ No □ Yes. District When Case number | | | |
| | nore than 2 cases, attach a parate list. | District When Case number | | | |

| 10. Are any bankruptcy cases | ₩ No | | | | |
|---|--|--|--|--|--|
| pending or being filed by a business partner or an | ☐ Yes. Debtor | | Relationship | | |
| affiliate of the debtor? | District | | | | |
| List all cases. If more than 1, attach a separate list. | Case number, if know | n | MM / DD /YYYY — | | |
| 11. Why is the case filed in <i>this</i> | Check all that apply: | | | | |
| district? | Debtor has had its domicil immediately preceding the district. | e, principal place of business, or priedate of this petition or for a longer | ncipal assets in this district for 180 days part of such 180 days than in any other | | |
| | ☐ A bankruptcy case concer | ning debtor's affiliate, general partne | er, or partnership is pending in this district. | | |
| 12. Does the debtor own or have | ¼ ′ _{No} | | | | |
| possession of any real property or personal property | Yes. Answer below for each | ch property that needs immediate at | tention. Attach additional sheets if needed. | | |
| that needs immediate attention? | Why does the prope | erty need immediate attention? (C | heck all that apply.) | | |
| attention: | ☐ It poses or is alle | ged to pose a threat of imminent and | d identifiable hazard to public health or safet | | |
| | What is the hazar | rd? | | | |
| | It needs to be phy | ysically secured or protected from th | e weather. | | |
| | ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). | | | | |
| | Other | | | | |
| | | Number Street Happy VAI(eg | OR 97086 State ZIP Code | | |
| | is the property insu | red? | | | |
| | ☐ No | | | | |
| | Yes. Insurance age | ncy | | | |
| | Contact name | | | | |
| | Phone | | | | |
| | | | | | |
| Statistical and adminis | trative information | | | | |
| | | | | | |
| 12 Dobtor's actimation of | Check one: | | | | |
| 13. Debtor's estimation of available funds | | distribution to unsecured creditors. penses are paid, no funds will be av | ailable for distribution to unsecured creditor | | |
| | ☐ Funds will be available for ☐ After any administrative ex | penses are paid, no funds will be av | vailable for distribution to unsecured creditors | | |
| 13. Debtor's estimation of available funds 14. Estimated number of creditors | ☐ Funds will be available for | | vailable for distribution to unsecured creditors 25,001-50,000 50,001-100,000 More than 100,000 | | |

| Debtor Name | Case number (if known) | | | | |
|--|---|---|--|--|--|
| 15. Estimated assets | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$1,000,000,001-\$10 billion \$10,000,001-\$50 billion \$10,000,000,001-\$50 billion More than \$50 billion \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion | | |
| 16. Estimated liabilities | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | | | |
| Request for Relief, Dec | claration, and Signatures | 5 | | | |
| WARNING Bankruptoy fraud is a se \$500,000 or imprisonme | | tatement in connection with a bankru 18 U.S.C. §§ 152, 1341, 1519, and 3 | | | |
| 17. Declaration and signature of authorized representative of debtor | The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | |
| | I have been authorized to file this petition on behalf of the debtor. | | | | |
| | I have examined the information in this petition and have a reasonable belief that the information is true and correct. | | | | |
| | I declare under penalty of p | erjury that the foregoing is true and c | orrect. | | |
| | Executed on 7/5/ | 12024 A | ina Investment LLC Hoa v Naugen | | |
| | Signature of authorized rep | | TOU V NGUYEN | | |
| | Title OVICK | | | | |
| 18. Signature of attorney | * | Date | | | |
| | Signature of attorney for de | ebtor | MM /DD/YYYY | | |
| | Printed name | | | | |
| | Firm name | | | | |
| | Number Street | | | | |
| | City | | itate ZIP Code | | |
| | Contact phone | Ē | mail address | | |
| | Bar number | s | tate | | |

D DYCK. O'NEAL

address: 3100 Monticello AVE

Suite # 650

Dallas, Texas 75205

2) Newrez / PHH p.o. Box 371458 pitts burgh, pt 15250-7458

| Fill in this information to identify the case: | |
|---|-------------------------------------|
| Debtor name Alina Investment LC | |
| United States Bankruptcy Court for the: District of (State) | |
| Case number (If known): | ☐ Check if this is a amended filing |

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest **Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code Name, telephone number, and email address of creditor contact

Nature of the claim Indicate if (for example, trade debts, bank loans, professional services, and government contracts)

claim is contingent, or disputed

Amount of unsecured claim

If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in unliquidated, total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.

> Total claim, if partially secured

Deduction for value of collateral or setoff

Unsecured claim

8

6

3

| Debtor | Debtor Name | | | Case number (if known) | | | | |
|---|-------------|---|---|--|---|--|-----------------|--|
| Name of creditor and complete mailing address, including zip code | | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured, claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | | |
| | | | Contracts | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim | |
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